

Secure Care Student File Form

SCSF

Student _____ Teacher _____ School _____ Monitor _____

Ethnicity _____ ID/SAIS No. _____ DOB _____ Eligibility _____

Primary home language indicated by the parent _____ Language in which the student is most proficient _____

PEA ✓	Citation	I-O-U	Description	PEA ✓	Citation	I-O-U	Description
			Evaluation/Re-evaluation				
<input type="checkbox"/>	II.A.1	_____	Evaluation/re-evaluation was conducted/eligibility was completed, including for phased-out students.	<input type="checkbox"/>	II.A.6.c	_____	For re-evaluations, if any additions or modifications to the special education services are needed for the student to progress in the general curriculum.
<input type="checkbox"/>	II.A.2.a	_____	Evaluation/information provided by parents including developmental, medical, and functional information was documented.	<input type="checkbox"/>	II.A.6.d	_____	The impact of any educational disadvantage.
<input type="checkbox"/>	II.A.2.b	_____	Current classroom-based assessments and performance in the general curriculum.	<input type="checkbox"/>	II.A.6.e	_____	The impact of EL on progress in general curriculum.
<input type="checkbox"/>	II.A.2.c	_____	Teachers and related service provider observation(s), including pre-referral interventions.	<input type="checkbox"/>	II.A.7.a	_____	Team determined the student has a specific category of disability.
<input type="checkbox"/>	II.A.2.d	_____	Formal assessments (including state or district-wide assessments).	<input type="checkbox"/>	II.A.7.b	_____	Team determined the student needs special education and related services.
<input type="checkbox"/>	II.A.3.a	_____	Team determined that existing data were sufficient or determined that additional data were needed.	<input type="checkbox"/>	II.A.8	_____	Census information (SAIS) is accurate 1-student not eligible receiving services 2-student not eligible for sped
<input type="checkbox"/>	II.A.3.b	_____	For re-evaluation only, parents were informed of reason and right to request data	<input type="checkbox"/>	II.A.9.a	_____	Assessments and other evaluation materials are administered in a language and form most likely to yield accurate information.
<input type="checkbox"/>	II.A.4	_____	Obtained informed parental consent or, for re-evaluation only, documented efforts to obtain consent.	<input type="checkbox"/>	II.A.10.a	_____	SLI – documents a communication disorder
<input type="checkbox"/>	II.A.5.a	_____	Student assessed in all areas related to the suspected disability (including academic, behavior, current vision and hearing status) and, for preschool, a CDA (indicate areas that have not been assessed)._	<input type="checkbox"/>	II.A.10.b	_____	SLD – documents a significant discrepancy between achievement and ability in one of the identified areas or failure to respond to intervention (RTI).
<input type="checkbox"/>	II.A.5.b	_____	For initial evaluation, the student was evaluated within 60 calendar days. # of days over _____	<input type="checkbox"/>	II.A.10.c	_____	SLD – certifies that each team member agrees or disagrees
<input type="checkbox"/>	II.A.6.a	_____	Performance in educational setting and progress in general curriculum	<input type="checkbox"/>	II.A.10.d	_____	SLD – documents determination of effects of environmental, cultural or economic disadvantage.
<input type="checkbox"/>	II.A.6.b	_____	Educational needs to access the general curriculum, including assistive technology.	<input type="checkbox"/>	II.A.10.e	_____	MIMR – documents performance on standard measures between two and three standard deviations below the mean.

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<input type="checkbox"/>	II.A.10.f	_____	MOMR – documents performance on standard measures between three and four SD below the mean	<input type="checkbox"/>	III.A.4.f	_____	Consideration of supplementary aids, services, program adaptations.
<input type="checkbox"/>	II.A.10.g	_____	ED – verification by a psychologist or psychiatrist	<input type="checkbox"/>	III.A.4.g	_____	Consideration of supports for school personnel
<input type="checkbox"/>	II.A.10.h	_____	OHI – verification by a doctor of medicine	<input type="checkbox"/>	III.A.4.h	_____	Consideration of the need for extended school year.
<input type="checkbox"/>	II.A.10.i	_____	HI – verification by an audiologist	<input type="checkbox"/>	III.A.4.i	_____	Consideration of strategies/supports to address behavior that impedes student's learning or that of others.
<input type="checkbox"/>	II.A.10.j	_____	HI – documents the language proficiency of the student.	<input type="checkbox"/>	III.A.4.j	_____	Consideration of individual accommodations in testing, if appropriate.
<input type="checkbox"/>	II.A.10.k	_____	VI – verification by an ophthalmologist	<input type="checkbox"/>	III.A.5.a	_____	Documentation that student was invited to meeting.
<input type="checkbox"/>	II.A.10.l	_____	VI – documents the results of an individualized Braille assessment for VI students who are considered to be blind.	<input type="checkbox"/>	III.A.5.b	_____	Measurable post-secondary goals
<input type="checkbox"/>	II.A.10.m	_____	OI – verification by a doctor of medicine	<input type="checkbox"/>	III.A.5.c	_____	Documentation that the post-secondary goals were derived from age appropriate assessment(s)
<input type="checkbox"/>	II.A.10.n	_____	SMR – documents performance at least four SD below the mean	<input type="checkbox"/>	III.A.5.d	_____	Documentation of one or more transition services/activities that support post-secondary goal(s)
<input type="checkbox"/>	II.A.10.o	_____	A – documents a developmental disability that significantly affects verbal and nonverbal communication and social interaction	<input type="checkbox"/>	III.A.5.e	_____	The student's course of study supports the identified post-secondary goal(s).
<input type="checkbox"/>	II.A.10.p	_____	TBI – verification by a doctor of medicine	<input type="checkbox"/>	III.A.5.f	_____	By age 17, a statement of rights to transfer at age 18.
<input type="checkbox"/>	II.A.10.q	_____	MD – documents a learning and developmental problem resulting from multiple disabilities	<input type="checkbox"/>	III.A.6.a	_____	Location of services and adaptations.
<input type="checkbox"/>	II.A.10.r	_____	MDSSI – documents multiple disabilities that include at least one of the following VI or HI.	<input type="checkbox"/>	III.A.6.b	_____	Extent to which student will not participate with non-disabled peers.
Individual Education Plan				<input type="checkbox"/>	III.A.6.c	_____	Consideration of communication needs of the student.
<input type="checkbox"/>	III.A.1	_____	Current IEP (date _____)	<input type="checkbox"/>	III.A.6.d	_____	Consideration of assistive technology devices and service needs.
<input type="checkbox"/>	III.A.2	_____	IEP reviewed/revised annually (previous date _____)	<input type="checkbox"/>	III.A.7.a	_____	For EL students, consideration of language needs related to the IEP.
<input type="checkbox"/>	III.A.3	_____	IEP team meeting included required participants (if "no" indicate missing members).____	<input type="checkbox"/>	III.A.7.b	_____	For VI students, the need for Braille is considered. Braille instruction is provided for blind students unless 100% team agreement that Braille instruction is not necessary.
<input type="checkbox"/>	III.A.4.a	_____	IEP has PLAAFP (refer to guide steps)	<input type="checkbox"/>	III.A.7.c	_____	For HI students, consideration of the child's language and communication needs
<input type="checkbox"/>	III.A.4.b	_____	Measurable annual goals related to PLAAFP.	<input type="checkbox"/>	III.A.7.d	_____	Potential harmful effects or drawbacks to the placement.
<input type="checkbox"/>	III.A.4.d	_____	Special education services to be provided	<input type="checkbox"/>	III.A.8	_____	Current progress report includes progress toward goals.
<input type="checkbox"/>	III.A.4.e	_____	Consideration of related services.	<input type="checkbox"/>	III.A.9	_____	IEP reflects student educational needs

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Procedural Safeguards/Parental Participation

- ☐ V.A.2.a _____ Procedural safeguards notice provided to parents within the last 12 months.
- ☐ V.A.2.b _____ PWN sent to parents at required times in the last 12 months.
- ☐ V.A.2.c _____ All required notices provided in language that is: 1. the native language of the parent
2. understandable to public.
- ☐ V.A.3.a _____ For PWN, description of action proposed or refused by PEA
- ☐ V.A.3.b _____ For PWN, explanation of why the agency proposed or refused to take action

- ☐ V.A.3.c _____ For PWN, description of any options considered and why options were rejected
- ☐ V.A.3.d _____ For PWN, description of evaluation procedures, test records used as a basis for the decision
- ☐ V.A.3.e _____ For PWN, description of any other relevant factors
- ☐ V.A.3.f _____ For PWN, if the notice is not an initial referral for evaluation, a statement of how a copy of procedural safeguards can be obtained.
- ☐ V.A.3.g _____ For PWN, sources to obtain assistance in understanding notice.

COMMENTS: _____
